

1167

PLACE OF BIRTH
County of El Paso
District of El Paso
Town of Miami
or El Paso
City of El Paso

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117-784
Co. Register No. 74
Local Registrar's No. _____

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Lucy Lee
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin Triplet or other _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth March-14- 1914
(Month) (Day) (Yr.)

FATHER
Full Name John W. Lee
Residence Ray Ariz.
Color or Race White Age at last Birthday 21 (Years)
Birthplace Texas
Occupation Porter

MOTHER
Full Maiden Name Laraine Walker
Residence Miami Ariz.
Color or Race White Age at last Birthday 18 (Years)
Birthplace Texas
Occupation Housewife

Number of child of this mother. 1 Number of children, of this mother, now living. 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 3/14/1914, at 10 A.M.
(When there is no attending physician or midwife, then the householder should make this return.) (Signature) H. H. Slaughter
(Attending physician, midwife, householder.)*

Given or christian name added from a _____ Address _____
supplemental report _____ 191 _____
COUNTY REGISTRAR. Filed 3/18 1914 B. G. Jay LOCAL REGISTRAR.
943-311-267 Filed 4/8 1914 B. G. Jay M.D. COUNTY REGISTRAR.
A True Copy

*See number of each, in order of birth, stated in this certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.